FLOW TEST

Date of Application://	Asset ID #	(STAFF ONLY)
Project Name:	Job Address:	
Master Building Permit# (if applicable):		
Flow Test fee: \$200	Hydrant No	_
Total \$ Fee(s) Collected:		
Name of Applicant:		
Company Name:		
Address:		
Telephone Contact #:	Email Address:	
Check Issued by:	Check No.	
Payee Address:		
Applicant's Signature:		
Print Name and Title:		
City Staff Authorized Signature:		

Please complete application and submit with payment to:

Water Billing City of Fort Lauderdale 100 N. Andrews Avenue – 1st Floor Fort Lauderdale, FL 33301

<u>Flow test results</u>: Please contact Public Works Customer Service, (954)-828-8000, if results not received after 10 business days of submittal of application.

